

DISTRICT NURSE – Corinne Stegenga, RN

Date: _____

PORT ARANSAS ISD

100 Station Street, Port Aransas, Texas 78373
 Phone 361-749-1200 ext 361 FAX 361-749-1219

CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

STUDENT: _____	DOB: _____	ID: _____
CAMPUS: _____	GRADE: _____	
PARENT: _____	PHONE: _____	
ADDRESS: _____		

TO THE PARENT(S): The school must obtain your informed consent before the disclosure of confidential information of your child. Or, for adult students, your records/confidential information. If you indicate **YES** in response to all of the statements below and sign at the bottom, you will be giving your consent for disclosure of your child's (your) confidential information.

This consent for disclosure of confidential information is for disclosure of your child's record(s)/confidential information (Or, for adult students, your records/confidential information) between the school and a third party, as follows:

Name of Third Party or Class of Parties: _____

Address: _____

Telephone Number: _____

FAX Number: _____

Specify the record(s)/confidential information to be disclosed (if any) **FROM** the school to the third party:

Information about health needs & health services

Specify the record(s)/confidential information to be disclosed (if any) by the third party **TO** the school:

Information about health needs & health services

State the purpose of the disclosure (if any) by the school:

To coordinate & implement health services at school

To coordinate & implement health services at school

Please respond to each statement with a **YES** or **NO** and sign at the bottom.

Yes

No

I have been fully informed of the record(s) to be disclosed, the purpose of the disclosure, who will disclose the record(s), and who will receive the record(s).

Yes

No

I give my consent for the disclosure of confidential information.

Yes

No

I understand that my consent for the disclosure of confidential information is voluntary and may be revoked at any time. However, that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked).

Yes

No

The information provided to me has been provided in my native language or other mode of communication. If other than English, specify: _____.

Signature of Parent/Guardian/Adult Student

Date

Signature of Interpreter, if used

Date

Signature of District Nurse Corinne Stegenga, RN

Date

Signature of School Principal

Date